

# Ruby Care Limited

# Ruby Care

## 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 29 October 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Ruby Care provides personal care to people living in their own homes in the immediate area around Wrantage, North Curry and Curry Rivel. At the time of this inspection they were providing personal care for three people. They also provided a domestic service to people in their own homes. This was the first inspection since the service was re-registered as a Limited Company.

There is a registered manager in post. 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 who received personal care from Ruby Care told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences and kept them involved in decision making

# Summary of findings

around their care. One person said, “I have been involved from the start and regularly asked if I am still happy.” A relative said, “I am kept informed of everything and kept involved in decisions about care and what is needed.”

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. One relative said, “There is always someone at the end of the phone. I know all the staff and can talk openly with the manager.” A staff member said, “It is like working with an extended family there are always enough of us around to make sure people are cared for properly.”

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people for example they had attended training in the use of a new stand aid that had been provided for one person. They understood people’s needs and were able to explain to us how they would care for each person they visited. One staff member said, “We have daily contact with the manager or senior staff and the care plans are very clear and always kept up to date. If there are any sudden changes we are informed before we go to the person so we know.”

People’s care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included written consent to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred. One relative said, “I rarely read the folder but I know the way my [relative] is cared for. We discuss the care plan with a member of staff ever month just in case there are any changes.”

The registered manager had a clear vision for the service provided. Their statement of purpose said, they aimed to provide a “Service that is driven by the needs and aspirations of our individual clients through listening to them.” Throughout the inspection we saw this vision was at the very centre of the care and support provided by all the care workers. Staff said they were aware of the philosophy of the service. One staff member said, “The manager speaks with us daily and the daily emphasis is on listening to people and providing the care they want as well as the care they need.”

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

Most people were able to access health care professionals independently but assistance could be provided if requested. Staff monitored people’s health with their consent and could direct to healthcare professionals as appropriate. The service also supported people with transport and a member of staff to GP’s or hospital appointments if requested.

The service had a complaints policy and procedure that was included in people’s care plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people’s views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

# 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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Good



### Is the service effective?

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme of training which ensured staff had up to date guidance and information.

Staff ensured people had given their consent before they delivered care.

Good



### Is the service caring?

The service was caring.

People received care from staff who were kind, compassionate and went that bit further to respect people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

Good



### Is the service responsive?

The service was responsive.

People were supported by sufficient staff to provide a consistent team of care workers.

People received care and support which was flexible enough to adjust to their personal needs and preferences on a daily basis.

Arrangements were in place to deal with people's concerns and complaints. People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

Good



### Is the service well-led?

The service was well.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

Good



# Summary of findings

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

# Ruby Care

## 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 29 October 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection since the service was re-registered as a Limited Company. The inspection was carried out by one adult social care inspector.

Ruby Care provides personal care to people living in their own homes. At the time of the inspection they were providing personal care to three people. We visited two people in their homes to discuss the care package they received. We also spoke with four relatives, three staff members, a visiting healthcare commissioner and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who supported them. One person who was unable to communicate verbally nodded their head and smiled when we asked if they felt safe. Another person said “I feel very safe with the staff, never had a moment of worry.” Relatives told us they were satisfied that people were being safely cared for by Ruby Care. One relative said, “I feel safer now I know they are there, and my [relative] says they feel safe.” Another relative said, “I have no concerns regarding safety.”

Risks to people were minimised because relevant checks had been completed before staff started working for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people’s criminal history and their suitability to work with vulnerable people. One staff member confirmed the checks had been carried out before they started work with the agency.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation’s policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people’s care plans. One relative said, “I never really look at that folder but I have noted there are contact details for people if I am ever worried.”

One staff member said the communication between staff and the registered manager was on a daily basis. This meant any concerns about how people were and any problems were known by all the staff involved in their care. All staff said they felt the registered manager would listen and act promptly if they raised concerns with them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager confirmed they had sufficient staff to meet the needs of the three people receiving personal care. They had additional back up from staff employed by the sister care home if staff rang in sick at short notice.

Care plans included clear risk assessments relating to people’s personal needs and the environment. For example the registered manager showed how the risk assessment would be adjusted to reflect the winter hours when access to property was in the dark. They also showed how they had assessed the risk and assisted a person to manage cluttered stairs.

People had risk assessments in place in relation to their mobility. For example one person was identified as having a risk with mobility. The risk assessment was very specific to the person and included the risk identified around the partner assisting the person to move. The staff had identified a risk of lack of space for manoeuvring the stand aid in the bathroom and the registered manager had worked with the person’s partner to ensure there was a safe working area both for the person and staff. One person was identified as at risk of keeping food beyond its use by date. All staff were aware of the risk and they supported the person in maintaining a safe stock of fresh food in the home.

To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training. The registered manager confirmed staff received both theory and practical training in the safe use of hoists and stand aids. One staff member confirmed they attended regular updates for moving and handling safely.

One staff member explained how they managed the risk around one person who had not responded as usual when they called to provide their personal care. The systems in place to minimise risk to people if they did not respond to a call was put in place and relevant people were involved. This showed staff understood the systems in place and how to use them to minimise risk to people.

The agency’s policy and procedure for the safe handling of money protected people from financial abuse. When handling people’s money as part of their personal care package staff kept a record and receipts for, all monies handled. One staff member confirmed they had read the policy explained the process to follow. One person’s record showed staff had followed the procedure and had obtained a receipt and signatures from the person when they returned the change.

Some people required assistance with their medication. A clear risk assessment and agreement was in place and recorded to show how and when assistance was required.

## Is the service safe?

There were clear protocols in place to show at what level the assistance was required for example just prompting or

reminding a person to administering prescribed medication from a blister pack. All staff were trained in managing medication and the registered manager and senior staff assessed staff competency during spot checks.

# Is the service effective?

## Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, “I think they know me very well and the girls all seem to know what they are doing.” A relative said, “I am very sure they are all well trained they certainly come across that way.”

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member said they felt the induction had been really good. They explained how they had completed the training then worked alongside staff in the sister care home before doing shadow shifts in the community. “I felt the chance to work with people in the care home really helped me learn how things were done properly. We never go to a person we have not been introduced to or already know.” The registered manager confirmed their old induction had followed the skills for care common induction standards. The new induction had been reviewed to follow the Care Certificate which is a nationally recognised training source.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation’s statutory subjects such as, principles of care, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. The registered manager confirmed staff could also attend further training related to specific needs. For example district nurses would train staff if they had a care package that involved diabetes care, stoma care or catheter care. Staff were not permitted to care for that person until they had been signed off as competent by the district nurse. One staff member commented on the dementia care training they had received. They said that although they did not care for anyone at the moment with specific dementia care needs it had helped them in their approach to people in general, such as taking extra time to understand what they were communicating.

People were supported by staff who received regular supervisions. These were either through one to one meetings, team meetings or spot checks by senior staff. This enabled staff to discuss working practices, training needs

and to make suggestions with regards to ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. The registered manager confirmed senior care workers had received supervision and appraisal training. Staff one to one supervision was also carried out with staff following the death of a client. The registered manager said, “Because we are such a small agency they get very close to the people they are looking after. We therefore provide a one to one discussion so staff can talk about how they feel.”

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorneys so they were sure the right person was making decisions on a person’s behalf. One relative said, “I rarely looked in the folder but nothing is done without discussion and agreement first.”

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 MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Nobody receiving a personal care package lacked capacity at the time of the inspection however the registered manager was aware of the process they would follow.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. At the time of the inspection nobody needed assistance to eat, staff would help prepare meals in line with the persons care plan. They were also flexible so could provide extra support with meals if requested. People who required support in preparing meals had been assessed and a nutritional care plan was in place. This included the person’s preferences for food and times to eat. One person required assistance to ensure their stock of food was within date and stored correctly. This was clearly documented and all staff were aware.

The three people receiving personal care were able to communicate with health care professionals any need they might have. One person would inform staff on a daily basis



## Is the service effective?

if they required a doctor or district nurse visit. Additional support was also provided for this person by the sister care home. Care staff also monitored people's health and liaised with relevant health care professionals with the persons

consent to ensure people received the care and treatment they required. Staff explained that with a small team people received consistent support and communicating changes was not a problem.

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. "One relative said, "That's what they really do well, care, nothing is too much for them, they will drop everything and go if you call them." Another relative said, "I cannot fault the care they provide they go above and beyond what I expected." Whilst a third relative said, "They not only care for the person they are looking after but family as well, it has made life so much easier for me with no complications."

People had a consistent staff team and this was important to them. They were very complimentary about the way they had been able to develop relationships with all the staff and they knew them well. One relative said, "My [relative] didn't think they needed a care package, we all knew they were not coping. The staff were brilliant, the care they provided was second to none, even when my [relative] was not being so helpful." The registered manager confirmed they aimed to ensure the teams going to individuals continued to be consistent. They said no care worker "cold called," If someone new needed to provide care for a person they were introduced beforehand and shadowed the current staff member. People said they never saw anyone they did not know or had not met before.

Staff said they felt they got to know people very well and developed very good relationships. The registered manager explained how staff went beyond their expectations to ensure people were well cared for and happy. One care worker had donated their own time on a Sunday to take a person to church. The service also provided transport with a care worker to GP's and hospital appointments if requested. Sunday lunch was available and could be delivered from the sister care home kitchens to anyone requiring a roast dinner.

People confirmed care workers cared for them in a way that respected their privacy. One person said, "They always respect me as an individual anything they do is in private." A relative said, "They are all very respectful of my [relative] and myself and my home. I told them about one care worker who I felt was not, they seem to have dealt with that." During our visits we did not observe personal care however people told us they never felt uncomfortable with the staff they received care and support from.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. The registered manager confirmed, it is difficult in such a small community for people not to know you are visiting a neighbour but we would never discuss their needs with them. Staff personnel files showed they had signed to show they had read the policy and procedures on maintaining confidentiality.

There were ways for people to express their views about their care. Each person met with the registered manager when they started to use the service to discuss their care needs and expectations. Monthly reviews were carried out with the person or relevant representative by either a senior care worker or the registered manager. People said they were always involved and one person commented on the monthly review. "They do look at what they are providing and ask you if it is ok." Care records showed monthly reviews of care had been carried out. Any changes were recorded and communicated to staff immediately. The registered manager said, with such a small staff team and regular daily contact changes are communicated effectively.

# Is the service responsive?

## Our findings

Everybody told us care workers had a good knowledge of their needs and responded in a flexible way to any changes that were identified. One relative said, “They are very flexible, there is nothing about you only get half hour and that’s it. I rang once as couldn’t get hold of my [relative] and they went straight up there to check they were ok.” Another relative said, “They are not held up with time constraints. If our plans change they are flexible enough to change as well.”

Care workers had a good understanding of what was important to people and provided support in line with people’s social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One person said, “If I need a different time of day they are happy to oblige.” The registered manager confirmed sometimes people wanted their calls changed or cancelled and they could be flexible to meet those needs.

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people’s individual needs and wishes. People said the staff all knew what they needed and how to care for them appropriately. One person said, “They know me and what I need and how I like it.” A relative said, “I think they knew my [relative] very well, they managed to look after them in a way that did not upset their routine. That was important. They were also there when they needed to move into the care home. There was no fuss and it was so stress free”

Staff worked in partnership with people to make sure care plans were personalised to each individual. Care plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. One relative said, “We have been involved in all decisions but I rarely look at the care plan.”

Changes to people’s care plans were made in response to changes in the person’s needs. People said their care plans

were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in care plans. One staff member said, “Communication is very good. We get to hear anything straight away.”

Initial assessments were carried out with people who wished to use the service. This enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager confirmed if they felt they were unable to meet the needs of the person they would either signpost them to another care agency or refer them to other healthcare professionals. This meant people could be supported to receive a personal care package that was appropriate to meet their needs.

Each person received a copy of the complaints policy when they started to use the service. Care plans contained the contact details and guidance on how to raise a complaint. People said they knew how to raise a complaint if they needed to. One relative said, “I am very confident they act on any concern they receive. I had to raise a concern about one carer who I felt didn’t come up to scratch. I asked that they not come again. They did come once more but I have said not to send them and they have assured me they will not come again. So I am happy with that.” The registered manager confirmed they had few formal complaints. Either they or a senior care worker managed to speak with most people daily so any small concerns were dealt with immediately and did not turn into large complaints.

The registered manager confirmed the service had a contingency plan in case of adverse weather conditions. They had access to two 4x4 vehicles and a tractor. They had also set up community members who could look in on people if unable to attend. They would also arrange sleep overs at people’s homes in case the next member of staff was unable to attend. In very adverse weather they could also use the respite beds available in the sister care home if necessary.

# Is the service well-led?

## Our findings

People were supported by a team that was well led. The registered manager was supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis.

People, relatives and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I know them all very well, it is good because being small you get to know who the manager is and you can speak directly with them." One relative said, "You can speak with the manager anytime, it is not like a big corporate affair where you get pushed from pillar to post."

Everybody spoken with said they felt the service was well run. They all spoke highly of the way the service considered their needs before their own. One person said, "They are there and they do what it says on the tin."

The registered manager had a clear vision for the service. Their statement of purpose said, they aimed to provide a "Service that is driven by the needs and aspirations of our individual clients through listening to them." Staff said they knew how the manager felt about the way they provided care for people. One staff member said, "The manager speaks with us daily and the daily emphasis is on listening to people and providing the care they want as well as the care they need." One relative said, "They agency listens to what you say and then they take action and you can see that they have actually heard what you were saying."

There were quality assurance systems in place to monitor care, and plans for on-going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had

attended staff meetings to discuss ways to improve the service and how they worked. For example the minutes of one staff meeting showed they had discussed confidentiality and documentation of care reviews.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision. The agency also encouraged staff to obtain further qualifications, for example one care worker was preparing to start the level 5 diploma in leadership for health and social care.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were very complimentary about the care they received. The registered manager confirmed they planned to involve other stakeholders such as district nurse teams, GP's and social workers in future satisfaction surveys. Although staff surveys had not been carried out; staff said as they were such a small team they could feedback anything to the registered manager on a daily basis or at staff meetings. The satisfaction survey was reviewed by either the registered manager or a senior care worker who put together a report with suggested action plans. For example one issue was the late arrival of a care worker. The senior care worker looked into the issue and discussed ways of ensuring better time keeping with the staff member and the person completing the form.

Although Ruby Care had not needed to notify the Care Quality Commission of any significant events which had occurred, the registered manager was aware of their legal responsibilities.