Rumney Care and Ambulance Service Ltd

Rumney Care and Ambulance Service Leeds

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

Summary of findings

Overall summary

About the service:
Rumney Care and Ambulance Service Leeds is a domiciliary care agency providing care to people living in their own homes. At the time of inspection the service was providing personal care to seven people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People felt safe and well looked after. Risk assessments had been completed and there were systems in place for monitoring changes to people's needs. People were kept safe with infection prevention and control processes. Staff had received safeguarding training and knew how to recognise and report concerns.

People's choices and preferences were clearly recorded in care plans and records. Care staff received appropriate training to provide safe and effective care. An electronic care system had been introduced to record and monitor care provision. Medicine records were accurately recorded.

People experienced regular care staff and felt that their needs and preferences were known. People and their relatives felt valued by the registered manager and care staff and described them as kind and caring.

People were involved in their assessments and regular reviews, care plans were person centred. People were asked how they wanted care provided and were supported to receive the care they chose.

Training and care quality was audited. All staff had received up to date training in a range of topics, relevant to providing good care. People were regularly asked to provide feedback about their care. There were systems and processes in place to address any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

This service was registered with us on 22 November 2019 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Rumney Care and Ambulance Service Leeds

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one Inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own home.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available when we visited.

Inspection activity started on 14 April 2022 and ended on 25 April 2022. We visited the location's office on 14 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since it registered with us. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager. We reviewed a range of records. We looked at two staff files in relation to recruitment and staff supervision. We looked at three care plan records, policies, training data and quality assurance records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We spoke with three relatives about their experience of the service. We spoke with two staff about working for the service.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family member was safe and well looked after because of the care they received. They told us the service provided regular care staff who got to know people and built rapport and trust. One relative told us, "It's normally the same few staff which is good because they build a good relationship."
- Staff had received safeguarding training and understood the range of concerns which should be raised to the registered manager. Safeguarding policies and processes were in place for recording and reporting concerns.
- The registered manager was able to tell us what they would do if there were safeguarding incidents. They would follow their own policy, raise the concern with the local authority and notify the Care Quality Commission.
- Staff were aware of whistleblowing policy and knew how to raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments had been completed on areas such as medicines, personal care and moving and handling.
- Risk assessments gave staff clear guidance on how to support people safely.
- Individuals' risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff confirmed the registered manager carried out checks that included gaining employment references and a Disclosure and Barring Service (DBS) check, before staff worked with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. One staff member told us, "I think we have enough staff to make sure everyone gets good, reliable care." Staff told us they had enough time to provide the care each person needed. Relatives told us staff were reliable, arrived on time, and told them if they were likely to be late or their call time was going to be changed. A relative said, "They do tell us in advance if there is a change."

Using medicines safely

● Systems were in place for the safe management of medicine.

● Care plans clearly recorded the support people required to take their prescribed medicines. This included medicines to be administered 'as and when required' (sometimes referred to as PRN).

● Medicine administration records (MAR) were used to record when people had taken their medicine.

● Staff were trained and assessed as competent to administer medicines.

● The registered manager carried out regular audits of the medicine systems to ensure medicines were being managed safely.

Preventing and controlling infection

● Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks, hand sanitizer and gloves to help reduce cross infection risks. Staff were also familiar with policy on infection prevention and control and the registered manager carried out relevant audits related to this.

● Staff were tested for COVID-19 and there was a COVID-19 management policy in place which followed national guidance.

Learning lessons when things go wrong

● The registered manager monitored the quality of care and sought people's feedback regularly to check they were happy with the service. There were systems in place to record and evaluate incidents, accidents and safeguarding concerns.

● Relatives told us they had no concerns about the care provided, they were regularly asked for feedback and felt confident the registered manager would be quick to respond to any concerns.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and support needs were assessed prior to them using the service to make sure they could be met.
● People's needs continued to be assessed and reviewed to ensure the care they received met their needs and choices, helped achieve good outcomes, and supported people to have a good quality life.
● Relatives told us staff delivered personalised care and staff knew how people wanted to be supported. One relative said, "[Person] likes some things to be done in a particular way and the staff respect and consistently achieve it."
● People's protected characteristics under the Equalities Act 2010 were identified as part of the assessment process. This included people's religious beliefs.

Staff support: induction, training, skills and experience
● Staff undertook training to support them in their role. Staff told us they had a lot of training, including, mental capacity, safeguarding adults, medicines and moving and handling. Records confirmed this. One staff member said, "I find the training very good."
● The service had an induction programme for all new staff. The induction covered a number of areas, which included staff roles and responsibilities and key policies and procedures. Staff would shadow an experienced member of staff until they were confident to work on their own.
● Staff received regular one to one supervision with the registered manager. They told us that they found those meetings very helpful. This helped the registered manager to continually monitor and review staff performance and attitude towards people using the service.
● Relatives told us staff understood people's needs and had the ability to carry out their job. One relative said, "Yes, I believe the staff to be well trained."

Supporting people to eat and drink enough to maintain a balanced diet
● People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals. Staff were trained in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The registered manager and staff identified risks which could impact people's health or wellbeing and took appropriate actions to address them. They understood the processes for making referrals to health care professionals and used them appropriately. A relative said, "Rumney care have made a real difference,

to [person]. [Person] has really flourished with the care received." Staff worked with a range of professionals to support people and acted on the guidance provided.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
- People were supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing support.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- Relatives told us staff treated people with kindness. Feedback included, "I find the staff to be very kind and caring" and "[Name of relative] loves them being here."
- People experienced positive relationships with the staff who provided their care. One relative said of staff's rapport with their loved one, "It's really positive. Staff have a good demeanour and approach."
- Staff had the skills and time required to ensure people received compassionate care. A member of staff told us, "We do not rush, we have time to deliver good care." We saw the registered manager had conducted staff spot checks, to observe how they had engaged with both the person's physical and emotional wellbeing.
- Staff were provided with relevant information about the person, to enable them to provide personalised care.
- People's care plans provided staff with information about the person's communication needs and whether they could communicate their preferences.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about their care. Care plans were signed, where possible, by people to ensure they agreed with the support they received.
- Staff knew people well. They were aware of their wishes and preferences. This helped them to ensure people's individual needs were met.
- Care plans were reviewed regularly. The person receiving care and their relative were able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- At the time of the inspection the service was small, and the provider sought direct feedback regularly. They told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence
- Staff completed training on privacy and dignity, equality, diversity and human rights. They also had access to the provider's guidance and people's care plans to inform and support them.
- People's care was provided in a dignified way and staff were clear about upholding people's independence.
- A family member told us, "I am very happy with the care. Staff treat us all with respect and uphold

[person's name] dignity and choice."

●A staff member told us, "I really like my job. There is a lot of satisfaction to be had from helping people remain in their own homes."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The ethos of the service was to provide individualised, person centred care which promoted people's health and wellbeing.
- Care plans were person centred and included information on how people wished to receive their care and support.
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs. This ensured staff had access to current and relevant information.
- People benefitted from having regular care staff to promote continuity of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- The registered manager told us they were able to provide information in other formats, such as large print, and other languages. However, no-one required this at the time of our inspection. The registered manager told us some staff were multi lingual and they would try to match carers with people for whom English was not their first language, should the need arise.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service was not currently commissioned to support people outside their home. However, people's interests were noted and the registered manager told us this support could be provided in future, if required.
- People's care plans documented those who were important to them and their arrangements for contact with them.

Improving care quality in response to complaints or concerns

- Relatives and staff we spoke with were very happy with the service and had no concerns to raise. One relative said, "I know [person] is happy with the care and has no issues. If we did, I know the manager would listen and act."
- Relatives and staff knew how to contact the registered manager and raise a concern if they needed to.
- The service had policies for addressing complaints and whistleblowing concerns. These had not been used at the time of the inspection.

End of life care and support

● At the time of our inspection the provider was not supporting anyone with end of life care. The registered manager told us they would support people's end of life wishes and work closely with people; their relatives and relevant healthcare professionals.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had developed a positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service. One staff member said, "It is a very good place to work. The registered manager is caring, supportive and listens to us."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff enjoyed working at the service and were clear on their roles and responsibilities. They felt supported and valued and spoke highly of the registered manager. One member of staff said, "I feel very supported. The registered manager and other staff are very good to work with. The registered manager is always prepared to listen to you and be helpful."
- The registered manager completed regular checks and audits on the quality of care provided and took action to make any improvements needed.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

Continuous learning and improving care

- The manager reviewed and monitored all aspects of the service. They consistently sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.
- The registered manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and was committed to providing open and timely communication to people if the service did something wrong.
- At the time of inspection there had been no incidents or events relating to this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager engaged with people, relatives and staff to provide good care which promoted positive outcomes and support. One relative told us, "It's a good service with good staff. We have no issues at all, it really has been positive."

● Service user and staff surveys had been completed. We noted responses had been positive and the provider had carried out an analysis of the feedback received.

● Staff told us communication was good. They told us they were able to raise any concerns and contribute to how the service was run through supervision and team meetings.

Working in partnership with others

● Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs, community nurses, and occupational therapists.