

Richardson Trading Ltd

Red Rose Care

Inspection report

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Tel: 01772963740

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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

Red Rose Care provides personal care to people living in their own houses and flats in the community. Not everyone using received a regulated activity. The Care Quality Commission only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 40 people.

People's experience of using this service and what we found

People told us they received safe care and treatment. They spoke positively about the care staff and the support the service provided. The registered manager had procedures for protecting people against risks of harm and for reporting safeguarding concerns. The care delivered was safe, reliable and person-centred.

The registered manager had assessed people's needs and provided staff with guidance on how these needs were to be met. On the whole people were supported with the safe use of medicines. Staff had received training in safe medicines management and had access to national guidance and best practice. However, we noted some improvements were required to the medicines management practices to ensure effective and safe administration of covert medicines. We made a recommendation about safe management of medicines.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Individual and environmental risks had been assessed to minimise the risk of harm to people and staff during care visits. There was a lone working policy and after-hours support to assist staff when working on their own and after hours.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

Staff supported people to have maximum choice and control of their lives, the policies and systems in the service supported this practice. They sought consent before delivering care.

People told us staff visited as planned and they were punctual. There had been previous concerns regarding missed visits however these had been resolved. The registered manager had processes for monitoring visits and had started rolling out a new computer based visit monitoring system to enable the provider to monitor whether staff were visiting as planned.

Staff had continued to receive a range of training and support to enable them to carry out their role safely. The registered manager continued to provide one to one supervision including unannounced spot checks on staff while in the community.

People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly. Previous complaints had been adequately investigated and outcomes had been shared and used to improve care delivery.

The registered provider continued to maintain robust governance systems to support the delivery of safe care. The leadership of the service promoted a positive culture within the staff team. The registered manager showed they were committed to improving the service and displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

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

Rating at last inspection:

At the last inspection the service was rated good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-led findings below.

Red Rose Care

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. This inspection was planned to check 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 Care Act 2014.

The service had a manager registered with the Care Quality Commission. 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.

Inspection team

This inspection was conducted by two inspectors. One inspector visited the office to review records and another inspector spoke to people on the phone to seek their views about the care they received.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with four people who used the service. We spoke with the registered manager, the director, business development manager, care co-ordinators and four members of staff.

We looked at five people's care records. We looked at three staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People were safe and protected from avoidable harm.

Using medicines safely

- People were supported to ensure they received their medicines safely. People told us they were adequately supported to ensure they had their medicines as required. Care records clearly indicated the level of support that each person required. However, some improvements were required to the management of risk where there is shared responsibility for medicines or where staff left medicines for a person to take after their care visit. Staff needed to a system to establish when a person would have taken their medicines on each visit to prevent incidents of overdose. Care plans were also required to show how covert medicines were to be given to people. The registered manager took immediate action to address this.
- Staff continued to receive training in the safe management of medicines and had their competence were regularly checked. They brought completed medicines administration records to the office for auditing. The registered manager addressed any medicines errors identified during audits and staff involved were supported to improve their competency.

We recommend the provider consider current guidance on managing covert medicines and managing joint responsibility of medicines and take action to update their practice accordingly.

Staffing and recruitment

- There was a recruitment policy to support safe recruitment. Staff recruitment processes were in place and checks had been done. However, we noted two staff had started before criminal check reports had been obtained. We saw other checks had been undertaken such as references to ensure these staff were of good character. We spoke to the registered manager who immediately reviewed their process to ensure risk assessment were carried out for staff while they await full checks. They also assured us that new staff had worked under the supervision of existing staff while waiting for checks to be completed.

We recommend the provider consider current guidance on undertaking staff recruitment checks and take action to update their practice accordingly.

- There were adequate numbers of care staff to meet people's needs. All staff we spoke with confirmed their workload was allocated effectively to allow them to travel time between visits and adequate breaks.
- People and their relatives confirmed staff visited as planned in most of the cases unless they had encountered an emergency. Records of care confirmed staff stayed the duration.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were effective systems and processes to safeguard people from risks of abuse. People told us they felt safe receiving care from their care staff. All staff were trained in safeguarding adults and knew what to do if they were concerned about the well-being of the people who used the service.
- People's individual safety and well-being were assessed and managed to protect them from personal and environmental risks. They had risk management plans and care plans to guide staff on how to support people against ongoing risks.
- Staff had documented accidents and incidents and where required they had taken action to support people accessing medical attention.
- There were emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies and how to respond if a person they would be visiting did not answer their door when they expected them to be at home. Staff were also trained in emergency first aid and how to respond in the event of an emergency health episode. We saw an example where staff responded proactively after an emergency situation.
- Staff we spoke with were aware of the lone working policy which supported staff who worked alone in the community. All visits after 18.00 hrs were carried out by two staff as part of the lone working policy to promote safety. In addition all staff were provided with a personal alarm to improve their personal security while in the community.

Learning lessons when things go wrong

- The provider had protocols for identifying lessons that could be learnt following incidents or significant events across the organisation. We saw evidence of lessons learnt following concerns raised by a person, the provider had used this to improve how they monitor staff visits and incidents of missed visits had reduced.
- The registered manager and staff used reflective practice to reflect on incidents and events in the service and identify where they could improve and here they had done well.

Preventing and controlling infection

- People were protected against the risk of infections. Care staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons. People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination. Staff had completed training in infection control and food hygiene.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. Applications to deprive people of their liberty when they are living in the community must be made through the Court of Protection (CoP). At the time of our inspection no one in receipt of support was subject to any restriction under the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Staff were working within the principles of the MCA. They had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before starting to provide any care or support.
- We discussed the need to ensure that MCA assessments were documented to demonstrate how staff had determined a person's capacity and the decision they were required to make. This was because two of the records we reviewed did not show how the decision had been reached. The registered manager informed us they would address this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, risks and choices were fully assessed before they started using the service to ensure staff were able to meet the needs. This was consistent throughout the records we reviewed. Care plans reflected people's personal choices, preferences, routines and included clear guidance for staff to follow. Staff recognised people's strengths, abilities and encouraged people to maintain their independence.
- The registered manager continued to follow national guidelines and best practice. This included local safeguarding protocols, and National Institute for Health and Care Excellence guidance on various matters including mental capacity and medicines management.

Staff support: induction, training, skills and experience

- New staff were supported to learn the skills they needed to carry out their role effectively. All staff had

received induction at the start of their employment which included the completion of the Care Certificate. The care certificate is considered to be best practice for staff members new to the care industry. The induction process involved new staff working alongside experienced staff before they could work independently.

- Staff had received sufficient training and supervision for their role and were up to date in all areas the provider had deemed mandatory. In addition, the registered manager had carried out unannounced spot checks to observe staff in the community and ensure they visited and delivered care as planned.
- People told us staff had the right knowledge, skills and experience.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made sure people's dietary needs were met. People who required assistance with nutritional needs had nutritional care plans which identified the level of support they required. All staff had received training in food preparation and hygiene including any specialist equipment used to support people with their dietary needs such as percutaneous endoscopic gastrostomy feeding (PEG). Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate, for example, because of dysphagia.
- Staff supported people to contact district nurses and their GPs including arranging hospital appointments.
- Staff took into consideration assessments or additional guidance from community healthcare professionals to ensure people's health needs were effectively met. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professional.

Adapting service, design, decoration to meet people's needs

- The registered manager designed people's care to ensure it met their needs and preferences. People who used the service decided when they wanted care staff to visit and this was taken into consideration in designing and planning the care delivery.
- Out of hours support was available to provide support to staff and people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

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; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with kindness and respect. Comments included, "We are very satisfied with the support we receive, it's a very good service."
- Staff knew people well and had formed familiar relationships with the people they supported. They understood, and supported people's communication needs and choices.
- Staff had received training on the importance of treating people with dignity and respect and there was a policy which supported this practice. People told us staff knocked on doors and waited for a response before entering people's houses even if they had a spare key from a key safe.
- People's records were kept securely to maintain privacy and confidentiality in the office. The provider responded promptly to any information requests by people. people requested to see information held by the provider on then, this was promptly responded to.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were able to share their views about the care they received. We saw each care file had details of people's preferred routines and people told us staff followed their preferred routines.
- Records we reviewed showed people were actively involved in the planning of their care.
- People we spoke with were confident in expressing their views about the care and support provided by staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were well written. They were designed in a person-centred manner and reflected a person-centred approach to care. Records had been reviewed and reflected people's needs. In some instances, relatives had been involved in the writing of care plans as they were more familiar with their family member's routines. Staff understood people's needs and they were able to describe people's care and support needs in detail.
- All the records we reviewed took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment and time of care visits. They were regularly reviewed and checked for accuracy.
- Staff were aware of the protocols for making referrals to specialist professionals or raising concerns if people's needs changed.
- People told us they received care and support from regular staff who knew their routines well. Comments included; "I have a set of staff who visit me at set times and stay the length of time and I know them very well."

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 had assessed people's communication needs as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. For example, surveys and letters could be produced in large print for people with sight impairment. In addition, people's communication needs were assessed, and staff were aware of each person's needs and how they could meet them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using the service. All the people we spoke with knew how to raise concerns. They were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from one of the complaints. They met with people who raised concerns at the time and as a result they had reviewed

how they monitored care visits to ensure people do not miss any visits.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same; good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the provider continued to maintain a robust governance system which effectively monitored the quality of the care delivered and ensured compliance with regulations. They had updated their policies and procedures and continued to seek new ways to improve the quality of the service.
- The registered manager carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. This ensured accountability.
- The registered manager continued to carry out a variety of audits such as care record audits, medicines audits, accident and incidents. This supported them in identifying areas of concern at an early stage.
- People felt the service was well managed. They were complimentary about the staff and the registered manager. They informed us the registered manager and the director were actively involved and would step in to support if there were any staff shortages.

Continuous learning and improving care

- The registered manager showed a desire to promote continuous learning and improve the care provided. The systems and arrangements at the service enabled them to maintain standards and to identify any shortfalls in the quality of care provided. The provider had faced some challenges due to restructuring of the company, they told us all the organisational changes did not have an impact on the care that people received.
- The registered manager continued to use their knowledge and experience as a practicing nurse to share good practice and provide training to their staff. They attended local forums and meetings within the local authority to keep up with developments in the sector.
- There was a genuine commitment to develop leadership in the organisation. We saw a clear action plan was in place on how aspiring leaders were supported with regular development meetings which they referred to as 'senior development group'.

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

- People and staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to. There were regular staff meetings

where challenges and planned developments were discussed between staff, business development manager and the registered manager.

- The registered manager visited people in their homes every six months or more often if there was any changes to discuss their care experiences and also asked people regularly for their feedback on the care delivered through questionnaires. People told us they could propose a change in their visit and felt listened to.
- The provider and their staff continued to support local charity initiatives through volunteering and promoted inclusion through their activities with a local day centre where they hosted coffee mornings. In addition, the registered manager recognised their staff's performance and contribution. Staff told us they felt valued.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The registered manager and staff were open and transparent with the inspection process. They had submitted notifications to the Care Quality Commission. We noted apologies had been offered where things had gone wrong. This included people being offered free care where things had not gone as expected.
- There was good partnership working with the relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff had continued to have access to best practice guidance on meeting people's needs in a person-centred manner. There was a clear understanding throughout the organisation on what quality care looked like and what was expected of staff. This had ensured the delivery of high quality care.