

Redspot Care Limited

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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

This comprehensive inspection took place on 11 and 12 September 2018 and was announced. This was the first inspection since the provider changed its registered name to Redspot Care Limited in December 2017.

Redspot Care Limited is based in the London Borough of Redbridge. 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 older adults.

Not everyone using Redspot Care receives regulated activity; the CQC 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, approximately 267 people were using the service, who received personal care. The provider employed approximately 112 care staff, who visited people living in three local boroughs.

The service had 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 care homes, 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 had their individual risks assessed and staff were aware of how to manage these risks. The provider had sufficient numbers of staff available to provide care and support to people. The provider used an online call system to ensure staff were monitored when providing care to people in the community and people received care at the assessed times.

Staff had been recruited following background checks, to ensure staff were safe to work with people. New staff received an induction, training and shadowed experienced staff to enable them to carry out their roles effectively.

When required, staff prompted people to take their medicines and recorded this. They had received training on how to do this and their competency was assessed. The registered manager sought professional advice on completing medicine records and had recently implemented changes to ensure records were robust.

Accident and incident records showed the provider took appropriate action following incidents. Systems were in place to analyse patterns and trends to ensure lessons were learnt and repeated incidents were minimised.

The provider was compliant with the principles of the Mental Capacity Act 2005 (MCA) Staff had received supervision and training to ensure the service they provided to people was effective.

Staff told us that they received support and guidance from the registered manager and other senior staff. They received regular supervision and could approach the management team with any concerns they had.

People were listened to by staff and were involved in their care and support planning. People told us they were treated with dignity and respect when personal care was provided to them. People were supported to have their nutritional and hydration requirements met by staff.

People's care and support needs were assessed and reviewed when required. Care plans were person centred. They provided staff with sufficient information about each person's individual preferences and how staff should meet these in order to obtain positive outcomes for each person.

The provider worked with health professionals if there were concerns about people's health. People were registered with health care professionals, such as GPs and staff contacted them in emergencies.

Complaints about the service were responded to appropriately and within the provider's timescales as set out in their complaints procedures.

The management team carried out regular monitoring checks on staff providing care in people's homes. This ensured they followed the correct procedures and people received safe care. Feedback was received from people and relatives to check they were satisfied with the service. The registered manager was committed to developing and improving the service.

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.

Staff understood how to safeguard people from abuse. They were aware of their responsibilities to report any concerns.

Risks to people were identified to ensure staff were fully aware of them when providing care to people.

A recruitment procedure was in place to employing staff that were safe.

Staffing levels were sufficient to ensure people received support to meet their needs.

People received their medicines safely when required and staff received training on how to do this. The provider learned from incidents to improve the safety of the service.

Is the service effective?

Good ●

The service was effective. Staff received up to date training and support through regular supervision meetings.

The requirements of the Mental Capacity Act (MCA) 2005 were followed.

Assessments of people's needs were carried out to ensure effective outcomes for their care.

People were referred to health professionals to ensure their health needs were monitored. Staff ensured people had their nutritional requirements met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity by staff when they received personal care.

Staff had developed caring relationships with the people they supported. They encouraged people to be as independent as possible.

People and their relatives had involvement in the decisions made about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and reflected each person's needs, and preferences. Changes in people's care needs were updated in their care plans.

There was a complaint procedure in place and complaints were investigated.

The provider ensured information was accessible to people in a way they could understand.

Is the service well-led?

Good ●

The service was well led.

A quality assurance system was in place to help improve the service.

Staff received support and guidance from the management team.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

Redspot Care Limited

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 was 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.

The inspection took place on 11 and 12 September 2018. This was an announced inspection, which meant the registered provider knew we would be inspecting. We gave the provider 48 hours' notice. This was because it is a domiciliary care agency and we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support us with our inspection. The inspection team consisted of one inspector and an expert by experience, who made telephone calls to people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service and provider. the provider had completed and sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We looked at any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with the registered manager, a care supervisor, two care coordinators, a compliance officer, an administrator and four care staff. We spoke with 11 people who used the service and 10 relatives.

We looked at 15 people's care records and other records relating to the management of the service. This included 10 staff recruitment records, training documents, rotas, accident and incident records, complaints, health and safety information, quality monitoring and medicine records.

Is the service safe?

Our findings

People and relatives told us the service was safe. One person told us, "The carers show their ID (identification) and I trust them." Another person said, "Yes I am safe. The carers always make sure my plate that they serve food on, is not too hot so that I might burn myself. That's because I can't tell if something is too hot to touch." A relative told us, "I don't have to worry about a thing. I know the carers and I know everything is safe."

People's needs were assessed by the provider prior to them using the service. Risks to the person were identified and we found they contained suitable guidance for staff on how to reduce these risks to keep people safe. These included risks associated with the person's home environment, their mobility, skin integrity, nutritional requirements and any specific medical conditions the person had, such as diabetes.

Risk assessments included clear instructions for staff to follow, to reduce the possibility of harm occurring to them. The registered manager told us they had recently revised how identified risks were presented in people's care plans to ensure they were more concise, detailed and easier to follow. We saw that this work was in progress and that risk assessments contained sufficient information. For example, some people's assessments highlighted a number of risks such as incontinence, risk of skin breakage and if they had an illness such as Chronic Obstructive Pulmonary Disease (COPD), which is a disease of the lungs. Risk assessments contained guidance for staff for each of these conditions, such as ensuring the person was prompted to take their medicines, to monitor their breathing, apply cream to their skin and ensure they were able to go to the toilet when needed. Risks were assessed and scored according to their severity so that staff were aware of the seriousness of each risk. This meant risks to people were assessed, monitored and mitigated against to keep them safe.

Supervisors and care coordinators, based in the office, checked that care staff had attended their visits to people by using an online call monitoring system. Care staff logged in and out of visits by scanning their mobile phone which sent a signal to office staff notifying them that they had attended and then left their visit, after carrying out personal care. People were kept informed by senior staff if their carer was running late or were delayed for their visit. Rotas showed the days and times care was to be provided to people. Staff received their rotas from care coordinators in advance. A relative said, "We are happy with [the carer]. It's usually the same carer and they arrive on time." Staff told us they were happy with their rotas and had enough time to travel in between visits. Rotas showed that travel time was planned in their schedules.

Cover arrangements were made when staff were unavailable to provide care to people. Senior staff also provided cover care when needed. Where there were persistently late visits to people or any missed visits, these were logged and analysed. Records showed that actions were taken to ensure these were minimised. The provider had an out of hours on call system in place should people and relatives require assistance in the evenings or at weekends. People and staff were able to contact on call staff, who were on duty during out of office hours and weekends, in an emergency. Records showed actions taken by on call staff if incidents, changes or cancellations occurred to ensure the management team were aware and any issues were followed up.

There was a safeguarding policy and procedure in place to protect people from abuse. The provider's safeguarding policy stated how to raise a safeguarding alert and who to contact. Staff told us they were confident that they could identify abuse and knew how to raise an alert. One staff member said, "Abuse can be physical, financial or sexual. I would report it to my line manager and document it." There was a whistleblowing procedure should staff have concerns about the provider that they wish to report in confidence to external organisations, such as the police or the CQC. Staff told us they were confident about raising any concerns internally or externally.

Records showed that senior staff visited people's homes to observe care staff. We saw monitoring and spot check records, which are observations of staff to check that they were following safe and correct procedures when delivering care. Care staff worked together and checked that any care equipment they used, such as a hoist, was safe so that they could deliver effective care and support to people.

A policy and procedure on medicine administration was in place, including guidance for 'when required' medicines, which are known as PRN. The registered manager had consulted the local authority and a pharmacist for advice on completing medicine records for pre-packaged medicines. We saw records that confirmed this. The registered manager said, "We have changed our medicine record sheets following the advice we received so that we can be sure service users are safe and staff follow the correct procedures when dealing with people's medication."

People told us staff assisted them with their medicines safely. Staff prompted people to take their medicines. One person said, "The carers put them into a little silver cup and give them to me when they're due." Another person told us care staff always gave them the correct medicines at the times prescribed. They said "They really are spot on with it. But I arrange my repeat prescriptions, which are delivered by my pharmacy." Care staff were trained on medicine management and their competency was assessed. Where required, we saw that each person's care plan contained Medicine Administration Records (MAR). We looked at people's medicine records to check that they were up to date and had been completed appropriately and signed by the staff administering or prompting the medicine. A staff member told us, "We prompt people to take their medication. Usually from a dosette box, which they can do themselves. For some people, their relatives take responsibility for medication."

Accidents or incidents that had taken place in the service, were recorded. The provider learned from them to ensure repeated incidents or mistakes were minimised. For example, additional training was provided to staff following a safeguarding incident involving a person's medicine, where staff did not take appropriate action. The incident was reviewed and staff were reminded of their responsibilities. This ensured there was continuous improvement and people using the service remained safe.

Safe recruitment procedures were in place. The provider carried out the necessary pre-employment criminal checks to find out if the applicant had any convictions or were barred from working with people who use care services. We saw that new staff completed application forms and provided suitable references. Applicants were required to list their previous experience where applicable and their employment history.

Infection control procedures were in place to help protect staff and people who used the service. Staff told us they washed their hands before and after providing personal care. They used hand gels, gloves, foot covers and aprons, to prevent the risk of infections spreading.

Is the service effective?

Our findings

People and relatives told us staff met their individual needs and that they were satisfied with the quality of care they received. A person told us, "Once they [care staff] are here, they do their job. They seem to know what they are doing." One relative said, "They understand the care required." Another relative told us, "[Carer] has been constant since [family member] started receiving care. [Carer] is good. My [family member] is happy with them."

Staff received training to enable them to provide care to people. There was a two-day induction and training programme in place for mandatory training. Training topics included person centred care, risk assessments, equality and diversity, safeguarding adults, end of life care, medicines infection control, safeguarding adults, food hygiene, nutrition, moving and handling, dementia awareness and basic life support.

The induction included Care Certificate standards. The Care Certificate is a set of 15 standards and assessments for health and social support workers who are required to complete the modules in their own time. Of 112 care staff, at the time of our inspection, we saw that 59 staff had completed all their mandatory training and the Care Certificate. There were 26 staff who were in progress of completing all their training. The remaining number were existing staff who had a planned date for when they would take their refresher training and begin the Care Certificate. The registered manager told us that since being appointed in 2017, they had decided to re-train all staff to ensure that their training was up to date and in line with current guidance.

Staff told us the training was of a good standard and one staff member said, "The training was excellent and helped me in my preparation. The team taught me a lot and a I learned from the training. I also did shadowing of staff to practice." Another staff member told us, "Without the training I wouldn't be able to do my QCF (Quality Care Framework) Level 3. The training here is very good. Excellent." We saw records of shadowing that had taken place for new staff to assess whether they were ready to start working on their own.

Staff we spoke with said they felt supported in their role and told us they received supervision sessions at the service, where they could formally discuss any issues or concerns with their line manager. Records confirmed that supervision meetings took place every four to six months. Topics included discussions on communication, concerns, team working and medicines. Staff received an annual appraisal to discuss their overall performance for the year and any training requirements they had. One staff member said, "I feel very supported. [Registered manager] and supervisors are really nice and easy to communicate with. We can discuss anything we are concerned about."

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. We checked that the provider was working within the principles of the MCA. We saw the provider

had taken steps to assess people's capacity to make decisions about their care. People that were able to sign their consent, did so and this was recorded in their care plans. Staff had received training on the MCA and they had an understanding of its principles. One staff member said, "If a person does not have capacity or starts to lose their capacity to make decisions, we report it to the appropriate body such as the local authority to do a re-assessment."

People's needs were assessed by the provider before the person started to use the service. The local authority referred people that required assistance with personal care at home. We saw assessments of people that required support, which set out the needs of the person. Discussions were held with other health or social care professionals for further information. The provider produced their own care plan based on people's individual requirements and preferences for support, in consultation with the person and their relatives. Full needs assessments were detailed and contained information on the person's health, wellness, communication, cognition, nutritional needs, mobility needs and any specific preferences the person had.

People were supported to have their nutrition and hydration requirements met and staff told us they supported people with providing them with food and drinks. One person said, "They [care staff] always cook what I would like." A relative told us, "The carer microwaves food and make sandwiches for [family member]."

Records confirmed that people's relatives and their GP were informed of any concerns raised about people's health. Staff told us they knew what actions to take in the event of accidents or emergencies. A relative told us that care staff had supported their family member when they noticed they were not well. They said "They [care staff] picked up when [my relative] had sores and a leg ulcer and contacted the doctor. They [care staff] have been brilliant with the leg ulcer since then. They go with [family member] to the ulcer clinic twice a month and phone us with an update." This meant people were supported by staff to maintain their health and wellbeing.

Is the service caring?

Our findings

People and relatives told us that care staff treated them with respect and kindness. One person said, "They are fantastic. The staff are very helpful. They do their normal job but they always ask if I need anything else. They do things properly. They arrive on time and leave on time." Another person said, "My carer is excellent. I've known [carer] for 16 years. I've got no problems." A relative told us, "The staff do a great job and my [family member] is always clean and looked after."

Staff told us they had a good understanding of all people's care needs and personal preferences. One staff member said, "I have been a carer for nearly ten years and I really love working with people. I have a good relationship with them and some for many years. They also like me because I encourage them and help them." People and their relatives confirmed they had the same staff providing care. They felt comfortable with staff who visited them regularly. This helped with consistency and enabled people to have a positive relationship with care staff. One person told us, "To be truthful the carers are more like friends than carers." A relative said, "Our morning and lunch carer is brilliant. It's the same carer and they are brilliant with [both of my family members]." Another relative told us, "The carer has been constant and is good. My [family member] is happy with them."

People's care plans identified their specific needs and how they were met. They required assistance for most of their needs, although they were supported to remain as independent as possible by staff. Care plans stated whether people were able to mobilise around their homes themselves, could manage and take their own medicines or tend to their own personal care needs. Staff told us they promoted people's independence and encouraged them. One staff member said, "I encourage my client to do things themselves if they can, such as wash their face."

Staff had an understanding of how to treat people equally, irrespective of their race, sexuality or religion. Staff we spoke with told us they had received equality and diversity training and were respectful of people's personal preferences and their religious or cultural beliefs. A staff member said, "Of course. We do not discriminate as that is not acceptable. It makes no difference to us where someone is from or the colour of their skin."

People's privacy and their homes were respected by staff. One person said, "The carers respect my privacy and dignity." Staff told us they treated people with dignity and respect, spoke with them politely and listened to them.

Staff told us they entered people's homes by ringing the doorbell or using a 'keysafe', before announcing themselves and greeting the person or their relatives. A 'keysafe' requires a passcode for entry into a person's home and care staff were given permission to access the code and enter at the required times. Staff told us they respected people's confidentiality and their personal information by not sharing this with unauthorised persons. Copies of people's personal information and care plans were filed securely in the office, so that they were protected. Staff told us they followed the provider's data protection policies.

People and their relatives were involved in making decisions about the person's care plan. They signed the plans to evidence that the contents of the care plan was discussed and agreed with them. One person said, "I have a care plan. The supervisor reviews it with my [relative]." Another person told us, "I have seen my care plan but it hasn't needed to be reviewed yet."

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs and staff respected their wishes. A person told us, "The carers are marvellous. They're really good people. They are generally pretty good time keepers and we all get on well together." A relative said, "The agency really stepped up when I went in to hospital and they provided extra care to [family member] at home."

Each person had a copy of their care plan in their home, which contained details of what support they needed at certain times of the day. Care plans reflected people's care needs in detail. They were written in a person-centred way and were appropriate to ensure people's needs were met. They contained the person's likes, dislikes and some details about their preferred daily routines. Each person's care plan contained a one-page illustration of their preferences such as what they liked to read, watch on television, eat and any activity they enjoyed. For example, one person's profile said they, "Like all sorts of food and will eat anything. I like to wear comfy clothes and I like to read the local paper." This information helped people receive a personalised service and staff responded to people's requests and needs.

Care plans were reviewed monthly and updated to reflect people's changing needs when they occurred. People's communication needs were identified and recorded in their care plans with guidance on how to meet those needs. Staff we spoke with told us they were able to communicate well with people and their relatives. One member of staff said, "I speak to people as they wish to be spoken to. If they don't understand me, I will speak more slowly and clearly."

Where people or relatives were unhappy with the service, they told us they would contact the office or make a complaint. Some people told us that when different care staff visited them instead of their regular carer, the service was not as reliable. One person said, "The weekend staff are new and they don't know what's going on." A relative commented, "The evening carer is different to the morning and lunch carer and comes a bit too early." However, people and relatives told us they were happy with the service and did not wish to complain. Another relative said, "I know in advance if a different carer is coming. We discuss any changes that may be required and we sort it out. If there is anything I need I call them." The registered manager told us all queries and concerns from people are followed up when received.

There was a complaints procedure in place. Records showed that after a formal complaint was received, it was investigated by the registered manager. A response was provided to the complainant of the outcome of their complaint and what actions would be taken to improve the service. Complaints were logged and tracked with what actions had been taken. We noted that there were a number of complaints about the service in the past year but these had reduced in recent months. The registered manager said, "We did have some difficulties with late calls during the bad weather earlier in the year. But it has improved a lot since then." One person said, "I know how to complain but I have no reason to." Another person said, "If anything is wrong I can ring the manager and they will do the best they can to sort it."

The management team visited people who used the service to check that they were happy with the level of care and to review any changes. This ensured that care was being delivered and people were satisfied with

the service and their care worker. Some people told us they had not been contacted or visited yet. The registered manager told us all people's care is reviewed as part of their care needs every six months and they would check this had taken place for people when they were due.

We saw records of assessments and observations of staff who provided personal care. Daily communication records were completed by staff and contained details about the care that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns. The information was used by staff to communicate with each other and work together to follow up on any concerns relating to people's care. The records were brought back to the office and checked by senior staff to ensure they were being completed appropriately.

At the time of our inspection, the service was not supporting people on end of life care. A senior member of staff told us the service did provide end of life care previously. They said care staff ensured people were comfortable and regularly checked. Support was received from health professionals, who provided advice to staff on managing people's end of life care sensitively and in accordance with their wishes.

Is the service well-led?

Our findings

People and relatives told us the service was well-led and said they were happy with the way the service delivered care to them. One person said, "They are good because the manager talks with me about the service and what I need." Another person told us, "The manager calls me and visits me [to check I am satisfied] and another manager visits me sometimes. Everything is covered." A relative said, "It's a good service and the carers' timekeeping is immaculate."

The registered manager had worked for the provider for a number of years and told us they knew the service, staff and people well. They were supported by the director and senior staff, who supervised and observed the practice of care staff in people's homes. All members of the management team told us they worked well together and there was effective communication between them to ensure the service operated well. The registered manager said, "I was promoted to registered manager after we changed our registration. I wanted to make sure that we resolve all issues so that we provide a good service. I have a great team." A supervisor told us, "[Registered manager] is very supportive and experienced. They go above and beyond to help everybody." A member of care staff said, "[Registered manager] is the best manager I have worked with and gives reassurance and encouragement. They visit people as well out in the field as they have knowledge of everybody."

The registered manager said, "I wanted to start with a clean slate as manager to make sure we have good systems in place such as for staff training and medicines recording. I have implemented some changes to help us improve." We noted that local authorities who commissioned and monitored the service had visited in the past six months. The registered manager was complying with actions that were recommended by them to ensure there was continuous improvement. For example, there were previous concerns with the electronic call monitoring system and staff not following logging in procedures. We noted that staff were issued with a mobile phone to assist with this if required. Care coordinators also had increased oversight of care staff by using multiple screens in the office for call monitoring. The registered manager notified us of serious incidents that took place in the service, which providers registered with the CQC must do so by law.

Staff told us the management team and office staff were approachable and helpful. They were confident they could approach the management team with any concerns. One member of staff said, "They are approachable managers. There is good teamwork and communication." Staff attended monthly team meetings, where the management team discussed any recent issues and improvements that were needed in the service. Topics included time keeping, supervisions, appraisals, sharing information and documentation. Staff told us they found staff meetings helpful. Records showed that weekly 'improvement meetings' were also held between senior staff and the registered manager to ensure the service was compliant with local authority requirements and social care regulations. Incentives and rewards such as 'carer of the month' were in place to motivate and encourage staff to provide good care.

Records showed that quality assurance systems to monitor and improve the quality of the service were in place. Internal audits were carried out by the management team, which looked at daily communication records, MAR sheets and care plans. We noted that staff files did not always contain all current records of

supervision and appraisal meetings because some of the information was kept elsewhere in the main office. We discussed this with the registered manager and a compliance officer who told us they would ensure the files would be collated together. We were assured that the required documents were available and up to date.

People and relatives completed questionnaires and feedback forms, which helped to ensure people were satisfied with the care and support that was delivered. We noted that feedback from people was positive. Feedback from people from each borough was collated and analysed by the registered manager to help drive further improvements in the service.

The service and staff also received compliments. We noted that the provider issued a 'letter of commendation' to staff when people and relatives wrote 'Thank you' letters to the provider. For example, one commendation to a member of staff stated, "Family would like to express their gratitude for your compassion and kindness that you showed [person]."